

Virginia Department of Health (VDH)

Division of Disease Prevention (DDP)

Monthly Ebulletin



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August 2018 Edition

DDP Resources

Navigation

- [Two Upcoming Training Opportunities](#)
- [NASTAD Releases New Issue Brief on Opioids, Hepatitis, and HIV](#)
- [AIDSinfo Releases Updated Edition of HIV/AIDS Glossary](#)
- [FDA Releases Symtuza, a New Combination Drug to Treat HIV](#)
- [Resources for Medication Adherence for People Living with HIV](#)
- [PARTNER2 Study Shows Gay Men Do Not Get HIV from a Virally Suppressed Partner](#)
- [Personnel](#)

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[Submit an Event](#)

Two Upcoming Training Opportunities

The STD Operations and Data Administration (SODA) unit is organizing two statewide training opportunities. The first is the **DIS Statewide Meeting & STI Nursing Update** on October 2-4 at the Four Points by Sheraton Richmond. All **Disease Intervention Specialists (DIS)** and **DIS supervisors** are encouraged to attend. Expenses associated with attendance will be covered by the Central Office. **Nursing staff** are invited to attend as space allows, while ensuring clinic continuity. Central Office may cover nursing staff expenses associated with attendance. More information will be forthcoming about registration and hotel reservations. DDP plans to pursue continuing education credits for this conference. Register at: <https://www.surveymonkey.com/r/MYWR32F>.

The second training opportunity is the **Sexually Transmitted Infection (STI) Intensive** course on October 22-26 at the Norfolk Health Department. Attendees will practice physical exams on Genital Teaching Associates. They will receive one-on-one supervision by a lab technician while examining specimens under a microscope. In addition, they will participate and be evaluated working with patients in the STD clinic under the supervision of an experienced provider. With such intensive attention provided to participants, the course is limited to licensed clinical staff that will be providing direct patient care/treatment for STDs, HIV, and viral hepatitis. While the Central Office will cover registration fees, local health departments are responsible for travel expenses associated with their staff's attendance. Continuing medical education credits are provided at no additional cost to the participants.

Please contact **Emily Cothran** at emily.cothran@vdh.virginia.gov with questions.

[Return to Top](#)

NASTAD Releases New Issue Brief on Opioids, Hepatitis and HIV

The National Alliance of State and Territorial AIDS Directors (NASTAD) has released a new issue brief to address opioids, other drug use, hepatitis, and HIV. The brief

outlines essential elements of creating a comprehensive response to the opioid crisis and the related increase in hepatitis and HIV rates among people who inject drugs. This information can be useful in educating policymakers, public safety officials, and community partners. You may review the brief here: [Issue Brief on The Intersection of Hepatitis, HIV, and the Opioid Crisis](#).

[Return to Top](#)

AIDSinfo Releases Updated Edition of HIV/AIDS Glossary

AIDSinfo has released the ninth edition of the “AIDSinfo Glossary of HIV/AIDS-Related Terms.” The glossary contains over 700 terms related to HIV/AIDS in both English and Spanish. The glossary terminology is accompanied with photos, and explains complex terminology in a way that can be understood by various populations from healthcare professionals to those living with HIV and their families.



The glossary is available [online](#), in [print](#), and as [an app](#). AIDSinfo welcomes questions and feedback on the app. Please email questions or feedback on the app to contactus@aidinfo.nih.gov.

[Return to Top](#)

FDA Releases Symtuza, a New Combination Drug to Treat HIV

In July 2018, the Food and Drug Administration (FDA) approved Symtuza, a new combination antiretroviral drug to treat HIV infection in adults who have never taken antiretroviral medicines before, or who have a viral load less than 50 copies per mL, have been on a stable treatment regimen for at least six months, and have no known substitutions or mutations associated with resistance to darunavir or tenofovir.



The four-drug (darunavir, cobicistat, emtricitabine, and tenofovir alafenamide) fixed-dose combination tablet is a complete regimen for the treatment of HIV infection and should not be used with other HIV medicines.

For more information on Symtuza, please see the [AIDSinfo fact sheet](#).

[Return to Top](#)

Resources for Medication Adherence for People Living with HIV

The Centers for Disease Control and Prevention (CDC) offers a tool kit designed to help providers support medication adherence among people living with HIV. The “Every Dose Every Day” (E2D2) tool kit is comprised of four medication adherence

strategies, one mobile application, consumer handouts and posters, and a program-monitoring companion. For more information, [click here](#).

Agencies seeking assistance with adherence strategies may request free technical assistance through CDC's Capacity Building Assistance (CBA) program. To submit a CBA request, please contact **Beth Marschak** at elizabeth.marschak@vdh.virginia.gov.

[Return to Top](#)

PARTNER2 Study Shows Gay Men Do Not Get HIV from a Virally Suppressed Partner

In a four-year observational study called PARTNER2, researchers assessed 783 same-sex male couples who participated in 76,991 acts of condom-free sex. Every six to 12 months, both partners completed questionnaires about their sexual behavior. The HIV-negative partner received an HIV test, and the HIV-positive partner received a viral load test. The HIV-negative partner reported no use of pre- or post-exposure prophylaxis, and the HIV-positive partner had maintained a viral load below 200 copies/mL throughout the prior 12 months.

During the course of PARTNER2, 15 men acquired HIV. Researchers compared the newly acquired viruses of those men to the virus of their primary partner. They found zero linked infections, which means that each newly diagnosed person contracted HIV from a non-primary sexual partner who did not participate in the study. Thirty-seven percent of the enrolled couples reported having sex with an outside partner.

The PARTNER2 results yielded equivalent results for gay men as it had for heterosexual couples in the original PARTNER1 study. Taken together, the findings affirm that there is no risk of HIV transmission when a person's HIV viral load is suppressed on treatment.

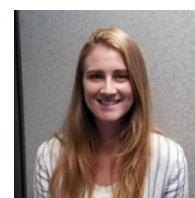
This study provides further support for the U=U message, Undetectable = Untransmittable, and should help decrease stigma for people living with HIV. The study also confirms the need to ensure that people living with HIV are aware of their status, and supported in both accessing and adhering to antiretroviral medications and treatment. For more information, read the [abstract](#) from the AIDS 2018 conference.

[Return to Top](#)

PERSONNEL

Welcome

SODA welcomes **Katherine (Kat) Fite**, who began her new position as QA Coordinator/CRU Supervisor on July 25. Kat was previously a research analyst at EurekaFacts, where she worked primarily with behavioral health data. She has a Master of Public Health and Bachelor of Science from George



Mason University. You can reach Kat at (804) 864-7319.

Farewell

SODA congratulates **Pam Kelman**, who has accepted an offer to work in the Cancer Prevention and Control Program at VDH. She is excited to develop a database to track and analyze cases. We wish her luck in her new position!

[Return to Top](#)